

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

FIRST-NAMED INVENTOR OR  
APPLICATION IDENTIFIER:

Becker, *et al.*

FOR:

SUBSTITUTED AMINOPYRIMIDINE COMPOUNDS  
AS NEUROKININ ANTAGONISTS

08306 U.S. PTO  
10/626085  
07/24/03

July 24, 2003  
Boston, Massachusetts

**MAIL STOP PATENT APPLICATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION  
UNDER 37 C.F.R. §1.53(b)**

1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. Specification and Drawings (Total pages: 70);  
Specification (60 pages); Claims (9 pages); Abstract (1 page); and  
Drawings: 0 sheets; Figs. \_\_\_\_.  
 Formal  
 Informal
3.  Declaration and Power of Attorney  
 Unsigned (4 pages)  
 Signed
4.  Information Disclosure Statement (IDS)  
 Copy of IDS and PTO-1449 (   pages)  
 Copies of references cited
5.  Assignment Papers  
 Recordation Form Cover Sheet (PTO-1595)  
 Assignment Document
6.  Statement Claiming Small Entity Status  
 Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)).  
 Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).  
 Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Becker et al.

SERIAL NO.: Not Yet Assigned

FILING DATE: Herewith

FOR: SUBSTITUTED AMINOPYRIMIDINE COMPOUNDS AS NEUROKININ ANTAGONISTS

July 24, 2003  
Boston, Massachusetts

MAIL STOP PATENT APPLICATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

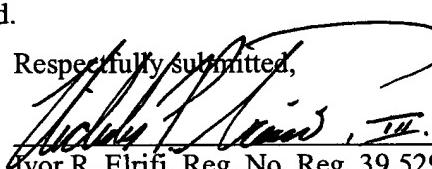
TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

- Request for Filing a New Nonprovisional Application (2 pgs.);
- Specification, Claims, Abstract (70 pgs.);
- Unsigned Combined Declaration and Power of Attorney (4 pgs.);
- Check #16735 for \$891.00; and
- Return Postcard.

Applicant believes that no additional fees are due in connection with this submission. However, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 24591-501 (PRE-1). A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

  
Ivor R. Elrifi, Reg. No. Reg. 39,529  
Nicholas P. Triano, III, Reg. 36,397  
Attorneys for Applicant  
c/o MINTZ, LEVIN, COHN, FERRIS,  
GLOVSKY AND POPEO, P.C.  
One Financial Center  
Boston, Massachusetts 02111  
Tel: (617) 542-6000  
Fax: (617) 542-2241

Customer No. 30623

7. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$750.00
Total Claims (37 C.F.R. 1.16(c))	40	- 20 =	20	\$ 18.00	\$360.00
Independent Claims (37 C.F.R. 1.16(b))	11	- 3 =	8	\$84.00	\$672.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0		0	\$280	0.00
				SUBTOTAL:	\$1782.00
				Reduction by 50% for filing by small entity:	-891.00
				<b>TOTAL FEE:</b>	<b>\$891.00</b>

8.  A check in the amount of **\$891.00** in payment of filing fees for the application is enclosed. Applicant is a small entity.
9.  The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 24591-501:
- Fees required under 37 C.F.R. §1.16;  
 Fees required under 37 C.F.R. §1.17;  
 Fees required under 37 C.F.R. §1.18.
10.  Return Receipt Postcard Enclosed.
11.  Other Documents Enclosed:
- Paper copy of Sequence Listing (1 page)  
 Computer Readable Format of Sequence Listing (1 disk)  
 Statement in Support of Computer Readable Form Submission Under 37 C.F.R. § 1.821(f) (1 page)

Respectfully submitted,

Avor R. Elrifi, Reg. No. Reg. 39,529  
 Nicholas P. Triano, III, Reg. No. 36,397  
 Attorneys for Applicants  
 MINTZ, LEVIN, COHN, FERRIS,  
 GLOVSKY and POPEO, P.C.  
 One Financial Center  
 Boston, Massachusetts 02111  
 Tel: (617) 542-6000  
 Fax: (617) 542-2241

Dated: July 24, 2003

Customer No. 30623